

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403955168

Date Received:

10/14/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 76840

Name of Operator: SCHNEIDER ENERGY SERVICES INC

Address: P O BOX 889

City: FORT MORGAN State: CO Zip: 80701

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

SCHNEIDER, JEFF

Phone

970-867-9437

Email

jeff@schneiderenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 708201526

Inspection Date: 08/19/2024

FIR Submit Date: 08/21/2024

FIR Status: _____

Inspected Operator Information:

Company Name: SCHNEIDER ENERGY SERVICES INC

Company Number: 76840

Address: P O BOX 889

City: FORT MORGAN State: CO Zip: 80701

LOCATION - Location ID: 313900

Location Name: KNAPPE-66N60W Number: 7SWSW County: _____

Qtrqtr: SWS Sec: 7 Twp: 6N Range: 60W Meridian: 6
W

Latitude: 40.497786 Longitude: -104.145083

FACILITY - API Number: 05-087- -00 Facility ID: 313900

Facility Name: KNAPPE-66N60W Number: 7SWSW

Qtrqtr: SWS Sec: 7 Twp: 6N Range: 60W Meridian: 6
W

Latitude: 40.497786 Longitude: -104.145083

CORRECTIVE ACTIONS:

1 CA# 197889

Corrective Action: Comply with Rule 1004. Original corrective action date of 08/23/2023 (when the location was first observed out of compliance) remains.

Date: _____

Response: CA COMPLETED

Date of Completion: 10/09/2024

Operator Comment: Removal of debris equipment completed on 9/10/24. Picture attached. Operator has completed the initial phase of recontouring and grading the location to reflect adjacent topography, in compliance with Rule 1004. Road base material was removed, and location was graded on 10/9/2024.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: All actions to achieve passing status of this inspection have been completed.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jessica Donahue

Signed: _____

Title: Compliance Specialist

Date: 10/14/2024 7:26:40 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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403955175	Photo Log
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Total Attach: 1 Files